

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Plans

**Memorandum No. 03-86 MAA**  
**Issued:** October 14, 2003

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For further information, go to:**  
<http://maa.dshs.wa.gov/pharmacy/>

**Subject: Maximum Allowable Cost List Update – 11/01/03**

**Effective for dates of service on and after November 1, 2003, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:**

1. New additions to the Maximum Allowable Cost (MAC) List; and
2. Adjustments to the existing MAC List.

**1. MAC Additions:**

<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 11/01/03</b>
AMOXICILLIN TRIHYDRATE/ POTASSIUM CLAVULANATE	500-125MG	TABLET	\$2.68920
AMOXICILLIN TRIHYDRATE/ POTASSIUM CLAVULANATE	875-125MG	TABLET	\$3.56000
AMOXICILLIN TRIHYDRATE/ POTASSIUM CLAVULANATE	400-57ML	SUSPENSION	\$0.53780
OXYCODONE HCL	5MG	TABLET	\$0.15410
PAROXETINE HCL	10MG	TABLET	\$1.91600
PAROXETINE HCL	20MG	TABLET	\$2.02000
PAROXETINE HCL	30MG	TABLET	\$2.07000
PAROXETINE HCL	40MG	TABLET	\$2.19000

**2. MAC Adjustments:**

<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 11/01/03</b>
DIFLUNISAL	500MG	TABLET	\$0.95000
HUM INSULIN NPH/ REG INSULIN HM	70-30U/ML	VIAL	\$2.57000